#### Who Uses Form 495:

Form 495 is for use by officeholders, candidates, and recipient committees, **as an attachment** to a campaign disclosure statement (Form 450 or 460).

## Requirements:

A Supplemental Pre-election Campaign Statement, Form 495, must be filed if all of the following criteria are met:

- You have made contributions totaling \$5,000 or more to any number of candidates or committees primarily formed to support or oppose candidates or measures all being voted upon in one jurisdiction on one day; and
- 2. The contributions were made during the period beginning six months prior to the election and ending 17 days before the election.

You are not required to file a Supplemental Preelection Statement during any semi-annual period (January 1 - June 30; July 1 - December 31) in which you are required to file regular pre-election statements.

#### **IMPORTANT:**

If you have made contributions of \$5,000 or more in connection with more than one election, you must complete a Form 495 for each election, and attach it to your campaign disclosure statement.

# What to Report:

Report the lump sum of all contributions you have made in connection with the election during the period beginning six months prior to the election and ending 17 days before the election.

## When to File:

Form 495 and your campaign disclosure statement (Form 450 or 460) must be filed no later than 12 days before the election in connection with which you made contributions totaling \$5,000 or more.

### Where to File:

Form 495 and your campaign disclosure statement (Form 450 or 460) must be filed with each office with which you are required to file your regular campaign disclosure statements.

For information on when and where to file statements, recordkeeping requirements, prohibitions, and more, refer to the FPPC Information Manual on Campaign Disclosure Provisions (available from your filing officer or the FPPC). Also see the manual for information required to be provided to you pursuant to the Information Practices Act of 1977.

Copies of FPPC forms and informational materials are also available on the FPPC website (www.fppc.ca.gov).

This form was prepared by the Fair Political Practices Commission (FPPC).

| Supplemental Pre-election                                                             |                              | Type or print | in ink                                  | SUPPLEMENTAL PRE-ELECTION                                                                                                                                     |                                       |  |
|---------------------------------------------------------------------------------------|------------------------------|---------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|
| Campaign Statement                                                                    |                              | Type of print |                                         | Date Stamp                                                                                                                                                    | CALIFORNIA 495                        |  |
| Government Code Section 84202.5)                                                      |                              |               | Amendment (Explain Below)               | 1                                                                                                                                                             | FORM 493  For Official Use Only       |  |
| Check one of the following boxes to indicate which form is attached to this form 495: |                              |               |                                         |                                                                                                                                                               | 1 of Cilidar Cae Ciliy                |  |
| Form 450, Recipient Committee Can                                                     | nnaign Statement - Sk        | ort Form      |                                         |                                                                                                                                                               |                                       |  |
| Form 460, Recipient Committee Can                                                     |                              |               |                                         |                                                                                                                                                               |                                       |  |
|                                                                                       | Link                         | UMBER         |                                         |                                                                                                                                                               |                                       |  |
| 1. Committee Information                                                              |                              | OWIDER        | Treasurer(s)                            |                                                                                                                                                               |                                       |  |
| COMMITTEE NAME                                                                        | 1                            |               | NAME OF TREASURER                       |                                                                                                                                                               |                                       |  |
|                                                                                       |                              |               | MAILING ADDRESS                         |                                                                                                                                                               |                                       |  |
| STREET ADDRESS (NO P.O. BOX)                                                          |                              |               |                                         |                                                                                                                                                               |                                       |  |
|                                                                                       |                              |               | CITY                                    | STATE                                                                                                                                                         | ZIP CODE AREA CODE/PHONE              |  |
| CITY                                                                                  | STATE ZIP CODE               | AREA CODE/PHO | NENAME OF ASSISTANT TR                  | EASURER, IF ANY                                                                                                                                               |                                       |  |
| MAILING ADDRESS (IF DIFFERENT) NO. AND ST                                             | REET OR P.O. BOX             |               | MAILING ADDRESS                         |                                                                                                                                                               |                                       |  |
|                                                                                       |                              |               | <u></u>                                 |                                                                                                                                                               |                                       |  |
| CITY                                                                                  | STATE ZIP CODE               | AREA CODE/PHO | NE CITY                                 | STATE                                                                                                                                                         | ZIP CODE AREA CODE/PHONE              |  |
| OPTIONAL: FAX/E-MAIL ADDRESS                                                          |                              |               | OPTIONAL: FAX/E-MAIL                    | ADDRESS                                                                                                                                                       |                                       |  |
| Contributions Made                                                                    |                              |               |                                         |                                                                                                                                                               |                                       |  |
| 2. Contributions Made                                                                 |                              |               |                                         |                                                                                                                                                               |                                       |  |
| DATE OF ELECTION (MONTH, DAY, YEAR)                                                   | JURISDICTION OF THE ELECTION |               |                                         | \$ has been contributed in connection with this election during the period beginning six months prior to the election and ending 17 days before the election. |                                       |  |
| 3. Verification                                                                       |                              |               | •                                       |                                                                                                                                                               |                                       |  |
| I have used all reasonable diligence in under penalty of perjury under the laws       |                              |               |                                         | e information contained h                                                                                                                                     | erein is true and complete. I certify |  |
| Evented on                                                                            |                              | Dv            |                                         |                                                                                                                                                               |                                       |  |
| Executed on                                                                           |                              | Ву            | SIGNATURE OF TREASU                     | RER OR ASSISTANT TREASURER                                                                                                                                    |                                       |  |
| Executed on                                                                           |                              | Ву            |                                         |                                                                                                                                                               |                                       |  |
| DATE                                                                                  |                              |               | CONTROLLING OFFICEHOLDER, CANDIDATE, ST | TATE MEASURE PROPONENT, OR                                                                                                                                    | RESPONSIBLE OFFICER OF SPONSOR        |  |
| Executed on                                                                           |                              | Ву            |                                         |                                                                                                                                                               |                                       |  |
| DATE                                                                                  |                              |               | SIGNATURE OF CONTROLLING OFFICEHO       | LDER, CANDIDATE, STATE MEASUR                                                                                                                                 | RE PROPONENT                          |  |
| Executed on                                                                           |                              | By            |                                         |                                                                                                                                                               |                                       |  |

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

## **Committee Information:**

Provide the full name and address of the filer. Also include the name and address of the treasurer and assistant treasurer, if any.

#### Contributions Made:

To determine if \$5,000 has been contributed, total all monetary and non-monetary contributions (including loans) made during the six-month period prior to the election to or at the behest of candidates and/or measures being voted upon in this election. Enter the date of the election and the jurisdiction of the election; that is, enter the name of the city or county in which the election is being held, or indicate statewide election. Enter the total of all contributions made to or on behalf of candidates and/or measures being voted upon in the election.

#### Verification:

The statement must be signed by the committee treasurer or the assistant treasurer named on the committee's Statement of Organization (Form 410). An officeholder, candidate, or state measure proponent who controls the committee must also sign the statement. If two or three officeholders, candidates, or proponents control the committee, each must sign the statement. If more than three control the committee, one may sign on behalf of the others.

Under certain circumstances, the responsible officer of a sponsoring organization must sign the statement.

**Amendments:** If you are filing an amendment to a previously filed statement, give a brief explanation of the amendment.